INSTRUCTIONS FOR FIELD REVIEW FORM

The Applicant shall complete the Field Review Form in accordance with Chapter 7, "Field Review" of this manual. The District Local Assistance Engineer (DLAE) should be consulted for clarification. If Caltrans or other interested parties are to be involved in meetings, to assist in completion, the applicant should fill out the form as completely, as possible prior to any meeting(s). The form must be completely filled out prior to submission of the PES Form.

Item 1. PROJECT LIMITS

Briefly describe the physical limits or nature of project. Attach a list, as needed, for multiple or various locations. Indicate length of project to nearest one-tenth of mile. Use 0.1, if a spot location. Include additional sheets, if needed, to clearly define the project location or scope of work.

Item 2. WORK DESCRIPTION

Briefly describe major components of the proposed work, e.g., signals, bridge replacement, ridesharing, pedestrian features, etc.

Item 3. PROGRAMMING DATA

All federal-aid funded projects (except Emergency Relief [ER], unless additional capacity is being added) are required to be on the most current FHWA/FTA approved FSTIP. If project is within an MPO area, indicate the MPO or RTPA's FTIP[1] that includes project and the fiscal years of FTIP. Also list the page of FTIP or Amendment Project Planning Number (PPNO), if available and FHWA/FTA approval date. For non-MPO areas include same information from FSTIP.

Indicate the federal funds and phases listed in the FTIP/FSTIP. For CMAQ projects name the Air Basin.

Item 4. FUNCTIONAL CLASSIFICATION

For a roadway project, check appropriate functional classification category. See the discussions of specific fund programs in the *Local Assistance Program Guidelines* (LAPG*)* for system eligibility. Indicate N/A for projects not related to a specific road or street system.

Item 5. STEWARDSHIP CATEGORY

For roadway projects, indicate if project is on the National Highway System (NHS), and whether project is State-Authorized or a FHWA Full Oversight project on the Interstate per stewardship agreement. With some exceptions, projects on the State Highway System are subject to Caltrans Oversight, and on the Interstate are subject to FHWA Full Oversight; otherwise, the project is subject to DLAE oversight. Refer to Figure 2-1, "Required FHWA Oversight Federal-Funded Projects" in Chapter 2 of this manual.

Item 6. CALTRANS ENCROACHMENT PERMIT REQUIRED

An encroachment permit is required for projects encroaching within the state highway right of way. The applicant should contact the District Permit Officer early in the process.

[1] The FTIP must be incorporated into an FHWA approved FSTIP.

Item 7. COST BREAKDOWN ESTIMATE

List estimated breakdown of all project phases and indicate phases for which federal participation will be requested. Include all known costs, but include each cost in only one group. (For structures related projects financed with Highway Bridge Replacement and Rehabilitation [HBRR] funds; the current HBRR operating procedures limit preliminary engineering costs, including environmental costs to 25% of the total construction cost. Any exceptions must be approved in writing by the HBRR program manager.)

Item 8. PROPOSED FUNDING

Fill in total cost of federal-funded project, type, and amount of federal-aid funds, i.e. STP, CMAQ, etc., and the matching-fund breakdown.

If state funds are involved, indicate source such as STIP.

Item 9. PROJECT ADMINISTRATION

Indicate name of agency that will be responsible for administering each project phase. Also indicate the use of a consultant for any phase. Indicate if Caltrans' review of PS&E will be requested. If Yes, begin discussions with DLAE on availability of staff. All PS&E documents to be reviewed must be in Caltrans format.

Item 10. SCHEDULES

The local agency should indicate their proposed advertisement date. This will give the involved parties a date for scheduling. However, the discussion of requirements and time frames may require adjustment of the advertisement date. Critical dates in the schedule should be noted in the remarks.

ITEM 11. PROJECT MANAGER'S CONCURRENCE

The local agency project manager shall sign and date the field review form to signify agreement on the parameters proposed for development of the project. The DLAE and FHWA representative shall sign the document when attending field reviews. This document is then a guidance reference for further development of the project to assure that it adheres to the programmed concept, or that any changes is approved by the manager (and/or DLAE and FHWA, if appropriate).

Item 12. LIST OF ATTACHMENTS

The first two items are appropriate for all reviews. Others to be added depend on the type of project. For required field reviews, all applicable attachments must be submitted. For optional field reviews, see the "[ ]" notations for attachments required for specific types of projects. All existing federal, state, or local Americans with Disabilities Act (ADA) deficiencies, if not identified on other Attachments, should be listed here

Note: The Federal Damage Assessment Form (DAF) shall be used as the field review document for Emergency Relief projects.

FIELD REVIEW FORM

Local Agency _____ Field Review Date _____
Project Number _____ Locator _____
(Dst/Co/Rte/PM/Agncy)
Project Name _____ Bridge No.(s) _____

1. PROJECT LIMITS (see attached list for various locations) _____
_____
_____ Net Length_____ (mile)
2. WORK DESCRIPTION _____
_____
ITS project or element: Yes____ No____ If yes, is it a Major ITS ___ or a Minor ITS_____
3. PROGRAMMING DATA FTIP (MPO/RTPA) _____ FY _____ Page _____
Amendment No. _____ FTIP PPNO _____ FHWA/FTA Approval Date _____
Federal Funds $ _____ Phases PE _____ R/W _____ Const _____
Air Basin: _____ (CMAQ only)
4. FUNCTIONAL CLASSIFICATION:

URBAN__		RURAL__	
Principal Arterial:	___	Principal Arterial:	____
Minor Arterial:	____	Minor Arterial:	____
Collector:	____	Major Collector:	____
Local:	____	Minor Collector:	____
		Rural Local:	____

5. STEWARDSHIP CATEGORY
FHWA Full Oversight (Stewardship): Yes _ No_
State-Authorized (Stewardship): Yes _ No_ (a) DLAE oversight: Yes ___ No___
(b) District Construction oversight: Yes ___ No___
ITS project or element requiring FHWA oversight per stewardship: Yes ___ No___
6. CALTRANS ENCROACHMENT PERMIT Is it required? Yes___ No___
7. COST ESTIMATE BREAKDOWN (Including Structures)

		$1,000's	Fed. Participation	
PE	Environmental Process	_____	Yes___	No___
	Design	_____	Yes___	No___
	System Manager/Integrator	_____	Yes___	No___
CONST	Const. Contract	_____	Yes___	No___
	Const. Engineer.	_____	Yes___	No___
R/W	Preliminary R/W Work	_____	Yes___	No___
	Acquisition:		Yes___	No___
	(No. of Parcels ____)	_____	Yes___	No___
	(Easements ____)	_____	Yes___	No___
	(Right of Entry ____)	_____	Yes___	No___
	RAP (No. Families)	_____	Yes___	No___
	RAP (No. Bus. ____)	_____	Yes___	No___
	Utilities (Exclude if included in contract items)	_____	Yes___	No___

_____
TOTAL COST $ _____

8. PROPOSED FUNDING Total Cost Cost Share
   Grand Total $ _____
   Federal Program #1_____ $ _____ Fed. $_____ Reimb. Ratio _____
   (Name/App. Code) #2_____ $ _____ Fed. $_____ Reimb. Ratio _____
   Matching Funds Breakdown Local: . $_____ _____%
   State: $_____ _____%
   Other: $_____ _____%
   State Highway Funds? Yes _____ Source _____ No _____
   State CMAQ/RSTP Match Eligible Yes_____ No _____ Partial _____
   Is the Project Underfunded? (Fed $ < Allowed Reimb.) Yes _____ No ____
9. PROJECT ADMINISTRATION

		Agency	Consultant	State
PE	Environ Process	_____	_____	_____
	Design	_____	_____	_____
	System Man./Integ.	_____	_____	_____
R/W	All Work	_____	_____	_____
CONST ENGR	Contract	_____	_____	_____
CONSTRUCTION	Contract	_____	_____	_____
MAINTENANCE		_____		_____

   Will Caltrans be requested to review PS&E? Yes____ No____
10. SCHEDULES: PROPOSED ADVERTISEMENT DATE _____
    Other critical dates: _____
    _____

11. PROJECT MANAGER'S CONCURRENCE

    Local Entity _____ Date: _____

    Signature & Title _____ Phone No. _____

    Is field review required? Yes _____ No _____

    Caltrans (District): _____ Date: _____

    Signature & Title: _____

12. LIST OF ATTACHMENTS (Include all appropriate attachments if field review is required. See the "[ ]" notation for minimum required attachments for non-NHS projects)
    _____ Field Review Attendance Roster or Contacts Roster
    _____ Vicinity Map (Required for Construction Type Projects)

    IF APPLICABLE (Complete as required depending on type of work involved)
    _____ Roadway Data Sheets [Req'd for Roadway projects]
    _____ Typical Roadway Geometric Section(s) [Req'd for Roadway projects]
    _____ Major Structure Data Sheet [Req'd for HBRR]
    _____ Railroad Grade Crossing Data Sheet
    _____ Airport Data Sheet (if within 10,000 feet)
    _____ Sketch of Each Proposed Alternate Improvement
    _____ TE Application Document
    _____ Existing federal, state, and local ADA deficiencies not included on other Attachments.
    ___ Signal Warrants
    ____ Collision Diagram
    ____ Protection of Wetlands Statement
    ____ CMAQ/RSTP State STIP Match
    ___ Systems Engineering Review Form (SERF) (Req'd for ITS projects)

13. DLAE FIELD REVIEW NOTES:

A. MINUTES OF FIELD REVIEWS

B. ISSUES OR UNUSUAL ASPECTS OF PROJECT

(Attachment to Field Review Form)

Distribution: Original with attachments – Local Agency
Copy with attachments (2 copies if HBRR) - DLAE

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ROADWAY DATA

1. TRAFFIC DATA

Current ADT ____ Year 200 __ Future ADT _____ Year 200___ DHV ____ Trucks __%
Terrain (Check One) ____ Flat _____ Rolling ____ Mountainous
Design Speed _____
Proposed Speed Zone ____ Yes mph _____ ____ No

2. GEOMETRIC INFORMATION

ROADWAY SECTION

Facility	Year Constr.	Min. Curve Radius	Thru Traffic Lanes			Shoulders		Median Width
			No. of Lanes	Total Width	Type	Each Width Lt/Rt	Type	
Exist.								
Prop.								
Min. Stds. selected: AASHTO____ 3R ____ Local ____								
	N/E Contig. Sect.							
	S/W Contig Sect.							

Remarks (If design standard exception is being sought, cite standard and explain fully how it varies):
_____
_____

3. DEFICIENCIES OF EXISTING FACILITY (Mark appropriate one(s))

_____ Pavement Surface
_____ Alignment
_____ Crossfall
_____ Pavement Structure
_____ Drainage
_____ Bridge
_____ Safety (Attach collision diagram or other documentation)
_____ Federal Americans w/ Disabilities Act (ADA), State or Local accessibility requirements
_____ Other (describe below)

Remarks _____
_____

4. TRAFFIC SIGNALS ____Yes ___New (attach warrants) ___Modified _____No

5. MAJOR STRUCTURES Structure No.(s) _____ (attach structure data sheet)
_____

6. OTHER TRANSPORTATION FACILITIES (Name)

_____ None
_____ Railroad _____ (attach railroad data sheet)
_____ Airports _____ (attach airport data sheet)
_____ Transit _____
_____ Bicycle _____

7. AGENCIES AFFECTED

Utilities [mark appropriate one(s)] _____ Telephone _____ Electrical _____ Gas
_____ Water _____ Irrigation
_____ Other _____ Sanitary

Major Utility Adjustment: _____
_____

High Risk Facilities: _____
_____

Other: _____
_____

Remarks: _____
_____

(Attachment to Field Review Form)

MAJOR STRUCTURE DATA

(Attach a separate sheet for each structure)

Project Number _____

Bridge Name (facility crossed) _____

State Br. No. _____ Date Constructed _____ Historical Bridge Inv. Category _____

Road Name _____ Location _____

STRUCTURE DATA

	Existing	**Proposed**	**Minimum AASHTO Standards**
Structure Type	_____	_____	_____
Structure Length	_____	_____	_____
Spans (No. & Length)	_____	_____	_____
Clear Width (Curb to curb)	_____	_____	_____
Shoulder Width	_____Lt _____Rt	_____Lt _____Rt	_____Lt _____Rt
Sidewalks or bikeway width	_____Lt _____Rt	_____Lt _____Rt	_____Lt _____Rt
Total Br. Width	_____	_____	_____
Total Appr. Rdwy. Width	_____	_____	_____

1. Preliminary Engineering by _____
2. Design by _____
3. Foundation Investigation by _____
4. Hydrology Study by _____

Detour, Stage construction, or Close Road _____

Length of Detour _____

Resident Engineer for Bridge Work: ____ Agency ____ Consultant (On Retainer as City/County Engineer)

Responsible Local Official _____

Discuss any special conditions; for example, federal ADA, state or local accessibility requirements, or proposed design exceptions.

_____
_____
_____

ESTIMATED STRUCTURE AND RELATED COSTS:

		Federally Participating	
Bridge Cost		**Yes**	**No**
Construct Bridge	_____	_____	_____
Bridge Removal	_____	_____	_____
Slope Protection	_____	_____	_____
Channel Work	_____	_____	_____
Detour - Stage Construction	_____	_____	_____
Approach Roadway	_____	_____	_____
Preliminary Engineering	_____	_____	_____
Construction Engineering	_____	_____	_____
Right of Way Costs	_____	_____	_____
Utility Relocation	_____	_____	_____
Mobilization	_____	_____	_____
Total	_____		

Type of HBRR funds: Check one (Major type if more than one)

- ☐ Seismic/Voluntary (88.53% Fed. Share)
- ☐ Rehabilitation (80%)
- ☐ Replacement (80%)
- ☐ Railing (88.53%)
- ☐ Painting (88.53%)
- ☐ Painting (80%)
- ☐ Special (80%)
- ☐ Low Water Xing (80%)

Summarize HBRR funded costs of above estimate: (HBRR Federal-aid + local match for HBRR only)

Indicate the estimated date for Federal-aid Authorization & Obligation or Check the box:

		Date:	
Prelim. Eng.	$_____	_____	☐ Not needed for this project
Right of Way	$_____	_____	☐ Not needed for this project
Construction.	$_____	_____	☐ Not needed for this project
Total	$_____		

Remarks _____
_____
_____

******* The following must be attached if the project is funded by the HBRR Program:**

1. Plan view of proposed improvements.
2. Typical Section.

******* The following is recommended:**

1. Right of way map to determine whether right of way acquisition or construction easements are necessary.

(Attachment to Field Review Form)

RAILROAD GRADE CROSSING DATA

(Separate Sheet for each crossing)

Project Number /Name: _____

Name of Railroad: _____

Location (Road, City, or County, and Xing No.): _____

Vehicular Traffic: Daily Traffic using crossing ____ No. of Lanes _____ Speeds (mph) _____

No. of Exist. Tracks: Main Line _____ Branch Line _____ Passing _____ Other _____

No. of Future Tracks: _____ No. of Daily Trains; Passenger ____ Freight ____ Total _____

Maximum Speeds: Passenger _____ Freight _____

Protection in Place: _____

Protection Proposed: _____

Skew of Xing _____ Min. Sight Dist. (along track when driver is 100 feet from Xing) _____

Trains at Night? (Y/N) _____ Seasonal Train Traffic? (Y/N) _____

Ten-Year Accident Record Accidents _____ Killed _____ Injured _____

Has local agency requested or received PUC decision concerning:

Crossing Protection required: _____
_____

Protective devices proposed by local agency: _____
_____

Proposed financing of crossing protection: _____
_____

Does local agency propose to finance automatic crossing protection as a "G" (safety) project using 100% Federal funds? _____
_____

NOTE: Attach sketch showing relationship of old and new crossing.

Remarks: _____
_____
_____
_____

Distribution: Original with attachments-Local Agency
Copy with attachments (2 copies if HBRR) - DLAE

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AIRPORT DATA

(Separate Sheet for each airport)

Agency : _____
Locator (Dist.-Co.-Route-Agcy. Abbreviation): _____
Project Number /Name: _____

NAME _____

LOCATION _____

RUNWAY
Direction _____

Distance from Project _____

SLOPE RATIO _____

FAA FORM 7460-1* _____
(Indicate status, attach if available)

REMARKS _____

_____

_____

* Notice of Proposed Construction or Alteration: Required per FAA Regulations 14 CFR, Part 77

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FIELD REVIEW ATTENDANCE ROSTER

Date _____ Project No./Name _____

Project Location _____

	Name _____ (Please Print)	_____ (Organization)	(Phone Number)
1.	_____	_____	
2.	_____	_____	
3.	_____	_____	
4.	_____	_____	
5.	_____	_____	
6.	_____	_____	
7.	_____	_____	
8.	_____	_____	
9.	_____	_____	
10.	_____	_____	
11.	_____	_____	
12.	_____	_____	
13.	_____	_____	
14.	_____	_____	
15.	_____	_____	
16.	_____	_____	
17.	_____	_____	
18.	_____	_____	
19.	_____	_____	
20.	_____	_____	

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SYSTEMS ENGINEERING REVIEW FORM

This form needs to be filled out for all ITS projects. For major all ITS projects, this completed form needs to be submitted to FHWA for review and approval prior to PE authorization (Phase 1 PE authorization).

For all major ITS projects, a System Engineering Management Plan (SEMP), which includes the seven items below, must be submitted to FHWA for review and approval prior to PE authorization for final or detailed design (Phase 2 PE authorization. The 2-phased authorization only applies to Major ITS projects.

For guidance in filling out the seven items below, see last part of this exhibit.

1. Identification of portions of the Regional ITS Architecture (RA) being implemented:

_____
_____
_____
_____

2. Identification of participating agencies roles and responsibilities:

_____
_____
_____
_____

3. Requirements definitions:

_____
_____
_____
_____

4. Analysis of alternative system configurations and technology options to meet requirements:

_____
_____
_____
_____

5. Procurement options:

_____
_____
_____
_____

6. Identification of applicable ITS standards and testing procedures:

_____
_____
_____
_____

7. Procedures and resources necessary for operations and management of the system:

_____
_____
_____
_____
_____

Address the above items to the degree possible at Field Review stage and acknowledge commitment to address during system design in the early stages of the SE process.

1. Identification of portions of the RA being implemented:

   (Identify which user services; physical subsystems, information flows, and market packages are being completed as part of the project, and how these pieces are part of the RA.)

2. Identification of participating agencies roles and responsibilities (concept of operations):

   (For the user services to be implemented: define the high-level operations of the system, including where the system will be used; functions of the system capabilities; performance parameters; the life cycle of the system; and who will operate and maintain the system. Establish requirements or agreements on information sharing and traffic device control responsibilities. The RA Operational Concept is a good starting point for discussion.)

3. Requirements definitions:

   (Based on the concept of operations in 2. above, define the "what" and not "how" of the system. During early stages of the Systems Engineering [SE] process, they will be broken down into detailed requirements for eventual detailed design. The applicable high-level functional requirements from the RA are a good starting point for discussion. A review of the requirements by the project stakeholders is recommended.)

4. Analysis of alternative system configurations and technology options to meet requirements:

   (The analysis of system alternatives should outline the strengths and weaknesses, technical feasibility, institutional compatibility, and life cycle costs of each alternative. The project stakeholders should have input in choosing the preferred solution.)

5. Procurement options:

   (Some procurement [contracting] options to consider include: consultant design/low bid contractor, systems manager, systems integrator, task order, and design/build. Deciding on the best procurement option should consider the level of agency participation, compatibility with existing procurement methods, role of system integrator, and life cycle costs.)

6. Identification of applicable ITS standards and testing procedures:

   (Include documentation on which standards will be incorporated into the system design and justification for any applicable standards not incorporated. The standards report from the RA is a good starting point for discussion.)

7. Procedures and resources necessary for operations and management of the system:

   (In addition to the concept of operations in 2. above, document any internal policies or procedures necessary to recognize and incorporate the new system into their current operations and decision processes. Resources necessary to support continued operations, including staffing and training must also be recognized early and be provided. Such resources must also be provided to support necessary maintenance and upkeep to ensure continued system viability.)

(Attachment to Field Review Form)